

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000241

FILED
Feb 13, 2007
Secretary of State

Entity Name: AMSAFE DOMESTIC SECURITY, INC.

Current Principal Place of Business:

11501 119TH TERRACE NORTH
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

PO BOX 8028
SEMINOLE, FL 33778 US

New Mailing Address:

FEI Number: 52-2448475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STEPHEN R. MAHALICK
11501 119TH TERRACE NORTH
LARGO, FL 33778 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHEN R. MAHALICK

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAHALICK, STEPHEN R
Address: 11501 119TH TERRACE NORTH
City-St-Zip: LARGO, FL 33778

Title: DV () Delete
Name: KELLY, STEVE
Address: 11501 119TH TERRACE NORTH
City-St-Zip: LARGO, FL 33778

Title: ST () Delete
Name: CLEMMENTS, CYNTHIA
Address: 11501 119TH TERRACE NORTH
City-St-Zip: LARGO, FL 33778

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: EICHLER, PETER J MPH
Address: 11501 119TH TERRACE NORTH
City-St-Zip: LARGO, FL 33778

Title: ST (X) Change () Addition
Name: KELLY, STEVE
Address: 11501 119TH TERRACE NORTH
City-St-Zip: LARGO, FL 33778

Title: TR () Change (X) Addition
Name: CLEMMENTS, CYNTHIA
Address: 11501 119TH TERRACE NORTH
City-St-Zip: LARGE, FL 33778

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. EICHLER, MPH

DV

02/13/2007

Electronic Signature of Signing Officer or Director

Date